

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-037148

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 317

Primary Registration District No. 541

Registrar's No. 2765

FILED OCT 1 1962

1. PLACE OF DEATH

a. COUNTY St. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN St. Louis CLAYTON

Length of stay in lb
1 hour

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION St. Louis Co. Hospital

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Mo.

b. COUNTY St. Charles

c. CITY OR TOWN St. Charles

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
211 Houston

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED

First

Middle

Last

Vernon

H.

Nesslage

4. DATE OF DEATH

Month

Day

Year

September 23, 1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married

☒ Never Married ☐

8. DATE OF BIRTH

7/31/07

9. AGE (last birthday)

55

IF UNDER 1 YEAR

IF UNDER 24 HR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Guard

10b. KIND OF BUSINESS OR INDUSTRY

Automobile

11. BIRTHPLACE (City and state or country)

St. Charles, Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Fred Nesslage

13b. MOTHER'S MAIDEN NAME

Bertha Ehlmann

14. NAME OF HUSBAND OR WIFE

Eva Baker Nesslage

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Eva Nesslage - 211 Houston

18. CAUSE OF DEATH (Enter only one cause per line if more than one. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Traumatic crush injury of right side
of chest; head injuries

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes

☐ No

☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

Operator of car which was struck by
another vehicle

20c. TIME OF INJURY

Hour
7:00

a.m.
p.m.

Month, Day, Year
9/23/62

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

highway

20f. CITY, TOWN, OR LOCATION

Hazelwood

COUNTY

St. Louis

STATE

Missouri

21. I attended the deceased from _____, to _____ and last saw her him alive on _____
Death occurred at _____ 10:00 AM _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

James H. Anderson

Coroner

22b. ADDRESS

Clayton, Missouri

22c. DATE SIGNED

9/29/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

9/26/62

23c. NAME OF CEMETERY OR CREMATORY

Memorial Gardens

23d. LOCATION (City, town, or county)

St. Charles County, Mo.

24. FUNERAL DIRECTOR

ADDRESS

Arthur C. Baue-St. Charles, Mo.

25. DATE RECD. BY LOCAL REG.

9-25-62

26. REGISTRAR'S SIGNATURE

John B. Murphy

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Connie L. Pickering

Licensed Embalmer No. 5189

P. O. Address St. Charles, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.